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TO:	PHONE #:	FAX #:
Examiner Sunesh Kaushal U.S. Patent and Trademark Office Art Unit 1636	(571) 272-0769	(571) 273-8300

**From :** Stacy L. Taylor  
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**Date :** November 14, 2005  
**Client/Matter No :** 041673-1001  
**User ID No :** 9055

**MESSAGE:**

U.S. Patent Application No. 09/954,571

Following is:

- 1) Amendment Transmittal (3 pages, in duplicate);
- 2) Response to Office Action and Amendment (13 pages)

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Cover Page 1 of 1

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Atty. Dkt. No. 041673-1001

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Chien

Title: HIGH EFFICIENCY CARDIAC  
GENE TRANSFER

Appl. No.: 09/954,571

Filing Date: 9/11/2001

Examiner: Kaushal, Sumesh

Art Unit: 1636

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>	
I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.	
<i>Rachel Cuputo</i>	(Printed Name)
<i>Rachel Cuputo</i>	(Signature)
11/14/05	(Date of Deposit)

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	24	-	86	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:							+	\$360.00	= \$0.00
CLAIMS FEE TOTAL									= \$0.00

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-1-

Atty. Dkt. No. 041673-1001

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$450.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$450.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$450.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$225.00
TOTAL FEE:		\$225.00

- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$225.00. A duplicate copy of this transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Atty. Dkt. No. 041673-1001

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date November 14, 2005

By

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Customer Number: 30542  
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